EXCEPTIONAL NEED SUPPLEMENTARY FORM

To be completed when requesting priority under the exceptional medical or social need criterion (see extract below).

Priority b)

Children who have exceptional social or medical need, supported by a written recommendation from the child’s paediatrician/consultant or a professional from Children’s Services.  The recommendation must explain why the school is the only suitable school to meet the child’s needs and why no other school could provide the appropriate support for the child.

|  |  |
| --- | --- |
| **Year group applied for:**(e.g. Reception, Year 1, Year 8) |  |
|  |  |
| **Child’s details** |  |
| Surname: |  |
| Forename: |  |
| Date of birth: |  |
| Address: |  |
| Postcode: |  |

|  |
| --- |
| **Please describe the child’s exceptional medical or social need in detail:** |
|  |

*Please continue overleaf* *Please turn over*

|  |
| --- |
| **Please describe the child’s exceptional medical or social need (continued from previous page):** |
|  |
|  |
| **Documents provided in support of the application**Please list below all of the documents you are enclosing with this form. |
|  |
|  |
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|  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Signed by |  | Name of parent / carer |  |
| Date |  |  |  |

Checklist:

* Have you completed all sections?
* Have you included the supporting documents?
* Signed & dated the form?

This form and information will be shared with the local authority who allocate places at the Academy.

Please return the form and supporting documents by:

E-mail: info@dixonstc.com Please type in the subject line ‘FAO Admissions Officer’

Post: FAO Admissions Officer, Dixons Trinity Chapeltown, Leopold Street, Chapeltown, Leeds, LS7 4AW